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S. PTL
UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. P-2507-US

50

PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

First Inventor or Application Identifier	EDGAR, Sam
Title	USE OF LIPID CONJUGATES IN THE TREATMENT OF DISEASE
Express Mail Label No.	

APPLICATION ELEMENTS

See MPEP chapter 600 concerning patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- | | | |
|----|---|---|
| 1. | <input checked="" type="checkbox"/> | * Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original and a duplicate for fee processing)</i> |
| 2. | <input checked="" type="checkbox"/> | Applicant claims small entity status.
See 37 CFR 1.27. |
| 3. | <input checked="" type="checkbox"/> | Specification [Total Pages 1]
<i>(preferred arrangement set forth below)</i> |
| | <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure | |
| 4. | <input checked="" type="checkbox"/> | Drawing(s) (35 U.S.C. 113) [Total Sheets] |
| 5. | Oath or Declaration [Total Pages] | |
| 6. | a. <input checked="" type="checkbox"/> | Newly executed (original or copy) |
| | b. <input type="checkbox"/> | Copy from a prior application (37 C.F.R. § 1.63(d))
<i>(for continuation/divisional with Box 16 completed)</i> |
| | i. <input type="checkbox"/> | <u>DELETION OF INVENTOR(S)</u> |
| | Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | |
| 7. | <input type="checkbox"/> | Application Data Sheet. See 37 CFR 1.76 |

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. CD-ROM or CD-R (2 copies); or

ii. paper

c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))

10. 37 C.F.R. §3.73(b) Statement
(when there is an assignee) Power of Attorney

11. English Translation Document (if applicable)

12. Information Disclosure Statement(IDS)/PTO-1449 Copies of IDS Citations

13. Preliminary Amendment

14. Return Receipt Postcard (MPEP 5303)
(Should be specifically itemized)

15. Certified Copy of Priority Document(s)
(If foreign priority is claimed)

16. Postcard
Other: _____

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____ /
Prior application information: Examiner: _____ Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code

Journal of Health Politics, Policy and Law, Vol. 35, No. 3, June 2010
DOI 10.1215/03616878-35-3 © 2010 by The University of Chicago

prior application No.: _____ /

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code		<small>(Insert Customer No. or Attach bar code label here)</small>		or <input checked="" type="checkbox"/> Correspondence address below	
Name	Eitan, Pearl, Latzer & Cohen-Zedek				
Address	One Crystal Park, Suite 210, 2011 Crystal Drive				
City	Arlington	State	VA	Zip Code	22202-3709
Country	USA	Telephone	(703) 486-0600	Fax	(703) 486-0800

Name (Print/Type)	Mark S. Cohen	Registration No. (Attorney/Agent)	42,425
Signature		Date	10 January 2001

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$710.00)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	YEDGAR, Saul
Examiner Name	
Group / Art Unit	
Attorney Docket No.	P-2507-US



METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	05-0649
Deposit Account Name	Eitan, Pearl, Latzer & Cohen-Zedek
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.18 and 1.17	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710.00
106	320	206	160	Design filing fee	
107	480	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$710.00)

2. EXTRA CLAIM FEES

Total Claims	-20" =	Extra Claims	Fee from Below	Fee Paid
	-20" =		X	=
Independent Claims	-3** =		X	=

Multiple Dependent X =

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissues independent claims over original patent
110	18	210	9	** Reissues claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	85 Surcharge - late filing fee or oath	
127	50	227	25 Surcharge - late provisional filing fee or cover sheet	
139	130	199	130 Non-English specification	
147	2,620	147	2,620 Filing a request for ex parte reexamination	
112	920*	112	920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	
115	110	215	65 Extension for reply within first month	
116	390	216	195 Extension for reply within second month	
117	890	217	445 Extension for reply within third month	
118	1,390	218	685 Extension for reply within fourth month	
128	1,890	228	945 Extension for reply within fifth month	
119	310	219	155 Notice of Appeal	
120	310	220	155 Filing a brief in support of an appeal	
121	270	221	135 Request for oral hearing	
138	1,510	138	1,510 Petition to Institute a public use proceeding	
140	110	240	55 Petition to revive - unavoidable	
141	1,240	241	620 Petition to revive - unintentional	
142	1,240	242	620 Utility issue fee (or reissue)	
143	440	243	220 Design issue fee	
144	600	244	300 Plant issue fee	
122	130	122	130 Petitions to the Commissioner	
123	50	123	50 Petitions related to provisional applications	
126	240	126	240 Submission of Information Disclosure Stmt	
581	40	581	40 Recording each patent assignment per property (times number of properties)	
146	710	246	365 Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	365 For each additional invention to be examined (37 CFR 1.129(b))	
179	710	278	355 Request for Continued Examination (RCE)	
169	900	169	900 Request for expedited examination of a design application	

Other fee (specify) _____

- Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Mark S. Cohen	Registration No. (Attorney/Agent)	42,425	Telephone	(703) 486-0600
Signature				Date	January 10, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. D **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**